

## REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

## 11. ATTORNEY'S STATEMENT

Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_  
☐ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization  
 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

<b>14. COURT ORDER</b>		Financial eligibility the person represented having been established to the Court's satisfaction, the authorization requested in Item 11 is hereby granted.
Signature of Presiding Judicial Officer or By Order of the Court		
Date of Order	Nunc Pro Tunc Date	
Repayment or partial repayment ordered from the person represented for this service at time of authorization.		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	

01	<input type="checkbox"/> Investigator	15	<input type="checkbox"/> Other Medical
02	<input type="checkbox"/> Interpreter/Translator	16	<input type="checkbox"/> Voice/Audio Analyst
03	<input type="checkbox"/> Psychologist	17	<input type="checkbox"/> Hair/Fiber Expert
04	<input type="checkbox"/> Psychiatrist	18	<input type="checkbox"/> Computer (Hardware/
05	<input type="checkbox"/> Polygraph		Software/Systems)
06	<input type="checkbox"/> Documents Examiner	19	<input type="checkbox"/> Paralegal Services
07	<input type="checkbox"/> Fingerprint Analyst	20	<input type="checkbox"/> Legal Analyst/Consultant
08	<input type="checkbox"/> Accountant	21	<input type="checkbox"/> Jury Consultant
09	<input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	22	<input type="checkbox"/> Mitigation Specialist
10	<input type="checkbox"/> Chemist Toxicologist	23	<input type="checkbox"/> Duplication Services
11	<input type="checkbox"/> Ballistics		(See Instructions)
13	<input type="checkbox"/> Weapons/Firearms/Explosive Expert	24	<input type="checkbox"/> Other (Specify)
14	<input type="checkbox"/> Pathologist/Medical Examiner		

CAPITAL PROSECUTION		HABEAS CORPUS		OTHER PROCEEDING	
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari	l. <input type="checkbox"/> Stay of Execution	o. <input type="checkbox"/> Other
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari	h. <input type="checkbox"/> Evidentiary Hearing		m. <input type="checkbox"/> Appeal of Denial of Stay	
c. <input type="checkbox"/> Sentencing		i. <input type="checkbox"/> Dispositive Motions		n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay	
d. <input type="checkbox"/> Other Post Trial		j. <input type="checkbox"/> Appeal			

16. SERVICES AND EXPENSES <i>(Attach itemization of services with dates)</i>	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses <i>(lodging, parking, meals, mileage, etc.)</i>			
c. Other Expenses			
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_

CLAIM STATUS      ☐ Final Payment      ☐ Interim Payment Number \_\_\_\_\_      ☐ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (*compensation or anything of value*) from any other source for these services

Signature of Claimant/Payee \_\_\_\_\_ Date \_\_\_\_\_

Signature Attorney \_\_\_\_\_ Date \_\_\_\_\_

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED CERTIFIED
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Signature of Presiding Judicial Officer	Date	Judge/Mag. Judge Code
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Signature of Presiding Judicial Officer		Date		Judge/Mag. Judge Code
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED	

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28. FOR REPRESENTATIONS COMMENCED AND APPELLATE PROCEEDINGS IN WHICH AN APPEAL IS PERFECTED ON OR AFTER APRIL 24, 1996.

28. FOR REPRESENTATIONS COMMENCED AND APPELLATE PROCEEDINGS IN WHICH AN APPEAL IS PERFECTED ON OR AFTER APRIL 24, 1996.

A. Total compensation and expense payments approved to date (include amounts withheld for interim payments) for investigative, expert and other services for this representation is \$

B. Payment approved (compensation and expenses) in excess of the statutory threshold for investigative, expert and other services under 21 U.S.C. § 848(q)(10)(B).

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Signature of Chief Judge, Court of Appeals (or Delegate)	Date	Judge Code
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